

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		2				
6		2				
7		1				
8		1				
9		1				
10		1				
11						
12						
13						
14	1					
15		1				
16		1				
17		1				
18		1				
19		2				
20		2				
21		1				
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27		1				
28	1					
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30		1				
31		1				
32		1				
33		2				
34		2				
35		1				
36		1				
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41		1				
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	14					
TOTAL CLAIMS	47					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						